

SERFF Tracking Number: CCGP-126953405 State: California
Filing Company: Connecticut General Life Insurance Company State Tracking Number: PF-2010-02397
Company Tracking Number: 62308
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Product Name: Medical Individual
Project Name/Number: Individual Effective 6/1/2011/

Filing at a Glance

Company: Connecticut General Life Insurance Company

Product Name: Medical Individual SERFF Tr Num: CCGP-126953405 State: California
TOI: H16I Individual Health - Major Medical SERFF Status: Assigned State Tr Num: PF-2010-02397
Sub-TOI: H16I.005A Individual - Preferred Co Tr Num: 62308 State Status:
Provider (PPO)
Filing Type: Rate Reviewer(s): Bruce Hinze, Angela Jang, Sai-on Sam, Ali Zaker-Shahrak, Xiangchen Meng
Authors: Jennifer Bonafilia, Maria Mahmood Disposition Date:
Date Submitted: 12/17/2010 Disposition Status:
Implementation Date Requested: Implementation Date:

General Information

Project Name: Individual Effective 6/1/2011 Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 12/17/2010
State Status Changed:
Deemer Date: Created By: Maria Mahmood
Submitted By: Maria Mahmood Corresponding Filing Tracking Number:
PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null
Filing Description:
Connecticut General Life Insurance Company (CGLIC) - Rate Filing for Individual Health Benefits Plans Effective 6/1/2011.

Company and Contact

Filing Contact Information

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TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)

Product Name: Medical Individual
Project Name/Number: Individual Effective 6/1/2011/

Maria Mahmood, Compliance Specialist maria.mahmood@cigna.com
900 Cottage Grove Road 860-226-5080 [Phone]
C5PRC 860-226-3183 [FAX]
Hartford, CT 06152-1233

Filing Company Information

Connecticut General Life Insurance Company CoCode: 62308 State of Domicile: Connecticut
900 Cottage Grove Road Group Code: 901 Company Type:
Hartford, CT 06152-1233 Group Name: State ID Number:
(860) 226-5080 ext. [Phone] FEIN Number: 06-0303370

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Connecticut General Life Insurance Company	\$0.00		

CALIFORNIA DEPARTMENT OF INSURANCE

FILING COVER SHEET for FORMS FILINGS with the POLICY APPROVAL BUREAU

(Suggested for use as the cover letter required by Title 10, California Code of Regulations §2205.)

TO: State of California Department of Insurance Policy Approval Bureau 45 Fremont Street San Francisco, CA 94105	FROM: (Official Insurer Name):
	Submitter and Complete Mailing Address:
	Submission Date:

1. IDENTIFYING FORM NUMBER(S):

[The form number(s) of one or more of the documents submitted by which the filing can be identified. §2205(a)]

2. DOCUMENT CLASS [The subdivision of 10 CCR §2202(a) which best describes the forms submitted. (§2205(b))]

Generic Description and Definition Citation	<u>Check Below</u>		Generic Description and Definition Citation	<u>Check Below</u>
Health Insurance [Hospital, medical, surgical insurance, expense-incurred or indemnity. §2202(a)(1)]			Credit Life and Disability [§2202(a)(6)]	
Group and Blanket Life and Non-health Disability [§2202(a)(2)]			Supplemental Life Benefits [§2202(a)(7)]	
Individual Disability, Non-health [§2202(a)(3)]			Variable Life and Annuities [§2202(a)(8)]	
Medicare Supplement [§2202(a)(4)]			Fraternal [Non-health Disability. §2202(a)(9)]	
Long-Term Care [§2202(a)(5)]			Unclassified [§2202(a)(11)]	
* Describe briefly (documents other than those described above may have to be filed with other Department Bureaus; see §2206):				

3. GROUP AND/OR INDIVIDUAL [Are the forms group, individual or used in both contexts? §2205(b)]

Group Only:	Individual Only:	Group and Individual:
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4. EMPLOYER SIZE (Employer Health Insurance Only) [Where the forms submitted provide health coverage through employment, the minimum and the maximum sizes of the employers in terms of number of employees §2205(c)]

2 to 50 Employees:	Over 50 Employees:	All Employers:
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5. REPLACES PREVIOUSLY-APPROVED DOCUMENT(S)? [Do any documents replace previously-approved documents. §2205(d)]

6. FINAL PRINT FORM? [List those documents NOT in the final printed form in which they will be issued to insureds §2205(e)]

<u>Document(s)</u>	<u>Document(s)</u>

7. TYPE OF DOCUMENT WITH WHICH IT WILL BE USED [For each document (such as a rider) which is designed to be used with another document not included in the filing, a statement of the document class with which it is to be used. §2205(f)]

<u>Document Form Number</u>	<u>Document Class (from Item 2, above)</u>

8. Master Policy Form Number and Approval Date: _____

[Where a certificate is submitted for use with a previously approved “group” document, the form number and the filing or approval date of the previously approved group document. §2205(g)]

9. IF ABOVE INFORMATION CANNOT BE FURNISHED, EXPLAIN WHY. [If the submitter is unable to furnish the information requested above, explain why. §2205(h)]

10. REMARKS AND ADDITIONAL INFORMATION (Attach additional sheets if necessary):

SUBMITTER’S SIGNATURE AND TITLE: _____

December 17, 2010



CIGNA HealthCare

Routing C5PRC
900 Cottage Grove Ave
Hartford CT 06152-1233
Telephone 954.349.2714
carlos.fajardo@cigna.com

Mr. Ali Zaker-Shahrak,
Senior Life Actuary
California Department of Insurance
South Tower, 14th Floor
300 South Spring Street
Los Angeles, CA 90013

RE: Connecticut General Life Insurance Company (CGLIC)
Rate Filing for Individual Health Benefits Plans Effective 6/1/2011
Form Number CAIND2009
File Log Number TBD

Dear Mr. Zaker-Shahrak:

This rate filing contains updated premium rates for Connecticut General Life Insurance Company's California Individual plans, under form number CAIND2009. The proposed rates are to be effective June 1, 2011 and will be applied to new businesses and renewals, replacing those currently filed and deemed-approved under filing PF-2010-01719. Additionally, this filing presents premium rates for 7 new OAP plans.

The following summarizes the changes behind our updated premium rates presented in this filing.

1. Patient Protection Affordable Care Act (PPACA)

Current premium rates filed and deemed-approved under filing PF-2010-01719 reflect CGLIC's initial interpretation of the necessary plan design changes required to be in compliance with newly enacted federal legislation, specifically, the Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act of 2010 passed in March, 2010. Since our last filing, the Department of Health and Human Services (HHS) has provided further clarification with respect to cost sharing levels for preventive care services and annual limits for essential benefits. Proposed new rates reflect plan design changes required to comply with federal regulation, based on the new guidelines from HHS.

2. Expense Assumptions

Proposed rates have been updated to reflect a change in the administrative expense allocation slope by plan. Expense allocation slope is steeper and reduces the level of subsidization provided by richer plans to cover expected expenses of leaner plans. New expense allocation structure reflects more accurately the administrative costs of each benefit plan design.

3. Commissions Structure

Additionally, CGLIC's proposed rates have been updated to reflect a reduction in agent and broker commission levels for policies with an effective date on or after 1/1/2011.

4. Overall Impact of Proposed Changes

The overall impact of proposed changes on premium rates at anniversary for policies with an effective date before 9/23/2010 is an average increase of 3.3%, driven by the following:

PPACA Compliance Phase 2 Changes	- 0.4%
Expense Assumption Changes	<u>+3.7%</u>
	+3.3%

The overall impact of proposed changes on premium rates for new business is an average decrease of 3.5%, driven by the following:

PPACA Compliance Phase 2 Changes	- 0.4%
Expense Assumption Changes	+3.7%
Commission Changes	<u>- 6.6%</u>
	- 3.5%

No changes to currently filed trend or other rating factors not outlined above are being proposed as part of this filing. The yearly trend factor for all plans remains at 12%.

Proposed changes would apply to new business for coverage effective 6/1/2011 and beyond. For existing business, changes would apply at anniversaries falling on 6/1/2011 and after.

New Plans:

CGLIC is introducing an OAP5000/100% plan. The only change to the new plan's benefits when compared to the existing OAP5000 plan's benefits is the coinsurance of 100% as opposed to 70% for the current plan.

In addition, CGLIC is introducing a new suite of 6 OAP plans with leaner benefits that will correspond to each of the 6 "regular" OAP plans (5 currently offered OAP plans + 1 new OAP5000/100%). Please refer to the Actuarial Memorandum for a list of benefit differences between the regular OAP plans and the "leaner" OAP plans.

Please do not hesitate to contact me at 954.349.2714 or via e-mail at carlos.fajardo@cigna.com if there are any questions or concerns regarding this filing.

Respectfully,



Carlos Fajardo ASA, MAAA
Actuarial Manager
CIGNA HealthCare Pricing

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

NAIC 62308-046

**Actuarial Memorandum
Individual Major Medical
Policy Form Series CAIND2009
Effective Date: 6/1/2011**

1. Purpose

This rate filing contains updated premium rates for Connecticut General Life Insurance Company's California Individual plans, under form number CAIND2009. The proposed rates are to be effective June 1, 2011 and will be applied to new businesses and renewals, replacing those currently filed and deemed-approved under filing PF-2010-01719. Additionally, this filing presents premium rates for 7 new OAP plans.

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2. Benefits Description

The plans under this policy form provide comprehensive major medical coverage and are compliant with state mandated benefits.

- Existing Plans:

Open Access Plus Plans – 1000, 1500, 2000, 3000, 5000	
Deductibles	\$1,000, \$1500, \$2,000, \$3,000, \$5,000 in-network; out of network is two times the in-network deductible
Family Deductibles	\$2,000, \$3,000, \$4,000, \$6,000, \$10,000 in-network; out of network is two times the in-network deductible
Out-of-Pocket Maximum (excluding deductible)	\$2,000, \$3,000, \$3,000, \$4,000, \$5,000 individual in-network; out of network is two times the in-network out of pocket maximum \$4,000, \$6,000, \$6,000, \$8,000, \$10,000 family in-network; out of network is two times the in-network maximum
Coinsurance	70% in-network : 50% out of network
Lifetime Maximum	Unlimited
Preventive Care	100% coverage; no calendar year maximum
Physician Copays	\$30/\$40
Emergency Room	\$100 additional deductible (waived if admitted), then subject to deductible and coinsurance
Pharmacy Deductible (brand name deductible)	\$250 for the 1000/1500 deductible plans \$500 for the 2000/3000/5000 deductible plans
Pharmacy Copay	\$10/\$35/\$60 - Retail \$25/\$85/\$150 – Home Delivery 70% after deductible for self injectables

Health Savings Plans – 1900, 3400, 4900	
Deductibles	\$1,900, \$3,400, \$4,900 individual in-network; out of network is twice the in-network deductible
Family Deductibles	\$3,800, \$6,800, \$9,800 family in-network; out of network is twice the in-network deductible
Out-of-Pocket Maximum (including deductible)	\$2,500, \$3,400, \$4,900 individual in-network; \$5,000, \$8,500, \$12,500 individual out of network. \$5,000, \$6,800, \$9,800 family in-network; \$10,000, \$17,500, \$25,000 family out of network.
Coinsurance	70% in-network : 50% out of network for \$1,900 plan. 100% in-network : 50% out of network for \$3,400 and \$4,900 plan.
Lifetime Maximum	Unlimited
Preventive Care	100% coverage; no calendar year maximum
Pharmacy Deductible	Combined with the medical deductible
Pharmacy Copay	\$10/\$35/\$60 – Retail \$25/\$85/\$150 – Home Delivery 70% after deductible for self injectables

- Benefit Differences Between Regular OAP Plans and New Leaner OAP Plans:

	“Regular” OAP Plans	New “Leaner” OAP Plans
Physician Copays	\$30/\$40	\$40/\$60
Out of Network Preventive Care	No deductible, only out of network coinsurance	Deductible and coinsurance
Emergency Room	\$100 additional deductible (waived if admitted), then subject to deductible and coinsurance	\$250 additional deductible (waived if admitted), then subject to deductible and coinsurance
Pharmacy Deductible (brand name deductible)	\$250 for the 1000/1500 deductible plans \$500 for the 2000/3000/5000 deductible plans	\$3,500 for all plans
Pharmacy Copay	\$10/\$35/\$60 - Retail \$25/\$85/\$150 – Home Delivery 70% after deductible for self injectables	\$15/\$50/\$70 – Retail \$37.50/\$125/\$175 – Home Delivery 50% after deductible for self injectables
Lean Prescription Drug List	No	Yes
Step Therapy	No	Yes

All other benefits will remain unchanged.

3. Renewability Clause

The policies issued under this form are guaranteed renewable.

4. Projected Medical Costs

All rating variables including medical trend, age factors, tobacco usage, area factors and spousal/dependant discounts have remained unchanged.

5. Marketing Method

The benefit plans in this rate filing are marketed through brokers, general agents and directly to consumers.

6. Expected Lifetime Loss Ratio

Below is the expected lifetime loss ratio for each of the plans. The expected lifetime loss ratio for the whole book of business is 75.3%. As the block of business grows and experience becomes more credible, we will continue to monitor and will submit adjustments if needed.

Plan	Lifetime MCR
OAP1000 Before 9/23	72.6%
OAP1500 Before 9/23	72.2%
OAP2000 Before 9/23	71.8%
OAP3000 Before 9/23	71.3%
OAP5000 Before 9/23	70.5%
HSP1900 Before 9/23	71.9%
HSP3400 Before 9/23	71.1%
HSP4900 Before 9/23	70.1%
OAP1000 After 9/22	77.6%
OAP1500 After 9/22	77.2%
OAP2000 After 9/22	76.8%
OAP3000 After 9/22	76.3%
OAP5000 After 9/22	75.4%
HSP1900 After 9/22	76.9%
HSP3400 After 9/22	76.1%
HSP4900 After 9/22	75.1%
OAP1000 Value	77.1%
OAP1500 Value	76.6%
OAP2000 Value	76.2%
OAP3000 Value	75.5%
OAP5000 Value	74.5%
OAP5000/100%	76.0%
OAP5000/100% Value	75.2%
Book of Business Average	75.3%

The anticipated lifetime loss ratio has been calculated as incurred medical claims divided by earned premium. This definition is consistent with prior filings and does not reflect changes to the calculation of medical loss ratio defined in the recently passed Patient Protection and Affordable Care Act. Therefore, this anticipated lifetime loss ratio is not intended to imply that CIGNA will fail to meet the federal medical loss ratio floor of 80%.

7. Premium Rates & Medical Underwriting

Premium rates vary by age, geographic area, plan design, tobacco usage, family composition and underwriting classification.

The proposed premium rates for the Open Access 1000 plan in Area 1 are shown in **Exhibits IV and V** for cases sold with effective dates before 9/23/2010 and after 9/22/2010.

Area 1 premium rates for other plans can be calculated by applying the benefit relativities in **Exhibits IIIa and IIIb**. The area factors must be applied to obtain rates for other areas. These factors have not changed since our last filing (see **Exhibit I**).

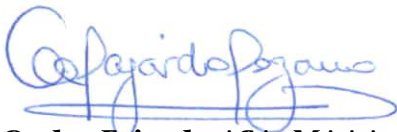
At the inception of coverage, each insured will be subject to medical underwriting and may be rated up due to the health status of the individual. The rate up factor, a maximum of 150% of additional premium, will be applied to the base rate for the individual. The policy premium rate will be equal to the sum of the individual rates. Renewing policies with the same benefits will not be required to undergo medical underwriting.

8. Rate guarantee

Rates are guaranteed for a rating period of twelve months effective when the insurance policy is issued with the exception of any policy amendment activities, such as any benefit changes, switching to a different plan, adding or dropping dependents and moving to a different rating area. Eligibility for rate is based upon residential zip code. After the initial guarantee, rates are subject to change upon 60 days notice.

9. Actuarial Certification

I certify, to the best of my knowledge and judgement, the entire rate filing is in compliance with the applicable laws of the State of California and with the rules of the Department of Insurance, and the proposed premiums are not excessive, inadequate or unfairly discriminatory and are reasonable in relation to the benefits provided.

A handwritten signature in blue ink, appearing to read 'Carlos Fajardo', with a stylized flourish underneath.

Carlos Fajardo ASA, MAAA
Actuarial Manager
CIGNA HealthCare Pricing

CALIFORNIA DOCUMENT SUBMISSION FORMSET

California Insurer Number: (NOT NAIC Number)		FOR DEPARTMENT USE ONLY		
Official Insurer Name:		Our File #	Fee Code:	
Submitter and Complete Mailing Address:		Reviewer:		
Submission Date:		Dept Action Date:		
Document Form Number	Doc Type ("Policy," etc)	Document Coverage	Department Action	Fee
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INSTRUCTIONS: Complete the part of the form to the left of the double vertical line. Enter one document to a numbered line. Use additional formsets if necessary. Be accurate - the copy of this form that we return to you will be your only record of our action on your submission. THIS IS NOT A BILL - DO NOT PAY. YOU WILL RECEIVE A SEPARATE FILING FEE INVOICE SHORTLY; REMIT FEES ONLY WITH THAT INVOICE.				Total \$ Cont'd on ___ pages

DSF 1.35

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<i>Filing Company:</i>	<i>Connecticut General Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>PF-2010-02397</i>
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<i>Product Name:</i>	<i>Medical Individual</i>		
<i>Project Name/Number:</i>	<i>Individual Effective 6/1/2011/</i>		

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